



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

ST DAVIDS MEDICAL CENTER
C/O HOLLAWAY & GUMBERT
3701 KIRBY DR STE 1288
HOUSTON TX 77098-3916

Respondent Name

XL SPECIALTY INSURANCE COMPANY

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-09-A137-01

MFDR Date Received

July 8, 2009

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "This claim should have been paid in accordance with 28 T.A.C. § 134.403, which states, '(1) The sum of the Medicare facility specific reimbursement amount and any applicable outlier amount shall be multiplied by (A) 200 percent...'. This is the formula to be used absent certain circumstances that do not apply to the present case. Using this formula, the hospital would have been entitled to \$40,185.88 in reimbursement. The Carrier only paid \$15,585.12. Therefore, the Provider contends an additional \$24,600.76 remains owed."

Amount in Dispute: \$24,600.76

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The bill was reduced using the ANSI code 45, and the Requestor attached notice of the contract. Therefore, it would appear that MDR would not jurisdiction over this case. . . . Respondent requests a dismissal of this case in accordance with DWC Rule 133.307(e)(3)(F) as medical bill in question was reimbursed pursuant to a private contractual fee arrangement."

Response Submitted by: Downs Stanford, P.C., 2001 Bryan Street, Suite 4000, Dallas, Texas 75201

SUMMARY OF FINDINGS

Date(s) of Service	Disputed Services	Amount In Dispute	Amount Due
June 25, 2008 to June 27, 2008	Outpatient Hospital Services	\$24,600.76	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.1 sets forth general provisions related to medical reimbursement.
3. Texas Labor Code §413.011 sets forth provisions regarding reimbursement policies and guidelines.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:

- The ANSI reason code for each line item on the submitted explanations of benefits (DWC Form-062) was left blank. The insurance carrier did not indicate a reason for reduction or denial of the services in dispute.

Findings

1. The respondent's position statement asserts that "The bill was reduced using the ANSI code 45, and the Requestor attached notice of the contract. Therefore, it would appear that MDR would not jurisdiction over this case [sic]. . . . Respondent requests a dismissal of this case in accordance with DWC Rule 133.307(e)(3)(F) as medical bill in question was reimbursed pursuant to a private contractual fee arrangement." 28 Texas Administrative Code §133.307(e)(3)(F) states that the Division may dismiss a request for medical fee dispute resolution if "the Division determines the medical fee dispute is for health care services provided pursuant to a private contractual fee arrangement." Review of the submitted explanations of benefits finds no indication that the services in dispute were reduced or denied pursuant to a contract. Nor was any documentation found to support a contract between the parties to this dispute. Nevertheless, on October 13, 2010, and again on September 21, 2011, pursuant to 28 Texas Administrative Code §133.307(e)(1), which states that "The Division may request additional information from either party to review the medical fee issues in dispute," the Division requested the respondent to provide a copy of the referenced contract(s) between the alleged network and St. David's Medical Center; a copy of the contract between XL Specialty Insurance Company and the alleged network; and documentation to support that St. David's Medical Center was notified that the insurance carrier had been granted access to the alleged contractual fee arrangement. While the respondent did submit supplemental information in response to the Division's request, review of the submitted information found no documentation of a contract between St. David's Medical Center and the alleged network, nor any documentation of a contract between XL Specialty Insurance Company and the alleged network, nor any documentation to support that the insurance carrier had been granted access to any contractual fee arrangement applicable to the services in dispute. The Division therefore concludes that the respondent has failed to support that the disputed services are subject to a contractual fee arrangement. The Division does have jurisdiction to review this dispute. The respondent's request that the dispute be dismissed pursuant to §133.307(e)(3)(F) is denied. The disputed services will therefore be reviewed per applicable Division rules and fee guidelines.
2. 28 Texas Administrative Code §133.307(c)(1) states that "A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. (A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The dates of the services in dispute are from June 25, 2008 to June 27, 2008. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on July 8, 2009. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division does have jurisdiction to review this dispute, however, the requestor has waived the right to medical fee dispute resolution by failing to file a timely request for MDR of the services in dispute. For that reason, the merits of the fee issues raised by either party to this dispute have not been addressed.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is not entitled to additional reimbursement for the services in dispute.

Authorized Signature

_____ Signature	Grayson Richardson Medical Fee Dispute Resolution Officer	_____ December 5, 2013 Date
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YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.